	Q1
Program Number:	

Date Received: Received By:

CITY OF SANTA FE HUMAN SERVICES COMMISSION QUARTERLY REPORT FORM 1st Quarter

NAME OF AGENCY	7:	
REPORT FOR:	July 1 st – September 30 th	DUE DATE: October 15 th , 2016
PREPARED BY:		PHONE:
EMAIL ADDRESS:		

1. ____ NUMBER OF PROGRAM PARTICIPANTS (0-60+) for 1st Quarter:

Please list the total <u>unduplicated</u> number of <u>newly admitted or registered</u> program participants based on approved Scope of Services (Exhibit 'A') provided <u>direct</u> services by your program for the quarter. If individual participants attend a program but demographic information is not captured then the number is not considered unduplicated..

2. PROGRAM PRIORITES:

Priorities:							
Adult Health and Behavioral Health: Where everyone in our community will have access to health and behavioral health regardless of ability to pay.	Community Safety: Where everyone in our community is safe, housed, and stable.	Social Justice: Where all people are recognized with respect, dignity, and equality	Quality of Life: Where all people have healthy options in their environment.				
Strategies for Desire	Strategies for Desired Results:						
 Increased access to culturally relevant health care Increased/Integr ated access to culturally relevant behavioral health care 	 Increased/coordinat ed access to appropriate housing services Not abusing substances Living in a safe environment 	 Increasing bilingual, gender diverse, culturally relevant and age appropriate services Reduce disparities in access to quality health care among people 	 Exercising, healthy weight Access to trails, parks and recreational facilities Planned pregnancies Increased/coordination access to 				

 Increased access to care for under-insured Support system to address pregnancy Increased access to specialty care for seniors 	 Less family violence Mobile crisis response to address mental health needs that is coordinated between City Fire Dept., Police Dept., and SF County 	who have systemically experienced barriers to meeting health needs • Working and earning a living wage	healthy food
Population Indicator	<u> </u>		
Decrease in chronic diseases (diabetes, heart disease) Reduce in Emergency Dept. visits for behavioral health issues Decrease in suicide rates Reduce incarceration for persons with behavioral health needs Percent of women accessing prenatal care	Increase in people accessing transitional and permanent housing People do not die from exposure Reduced mortality and morbidity rates associated with drug and alcohol abuse Increased screening and counseling for domestic violence and sexual assaults Percentage of stabilization of mental health crisis without incident	 Increase in people identifying a medical home A series of education campaigns with information regarding behavioral health, immigrant and LGBTQ community Reduction of hate crimes Veteran service providers have procedures for coordinated referrals Reduction in family poverty statistics as indicated by children in poverty 	 Increase in adult physical activity Reduced obesity among adults Increase in first trimester prenatal care Reduction in food insecurity

Describe what methods are used to measure the effectiveness of the agency's services/programs based on the Priorities, Population Indicators and Strategies for Desired Results adopted by the
Human Services Committee. Include data collection, measureable outcomes and relationship to program goals; explain below or on a separate sheet:

3. PROGRAMMING:

Program Services (From Exhibit 'A' in the Contract)	Number of Participants (0-60+)	Program Intensity (Number of contact hours, items given out, hours of training, assessments collected, etc.)
1		
2		
3		
4.		
5		
6.		
7		
8		
9		

Please attach any supporting documents to include, but not limited to: Program flyers, sign-in sheets, survey templates, etc.

4. **DEMOGRAPHICS**:

(**PLEASE NOTE:** The total amount from each category should equal the total unduplicated number provided in Question #1).

RACE (Understood to be imprecise)	#	%
American Indian or Alaskan Native		
Asian		
Black or African-American		
Hispanic		
Middle Eastern or North African		
Native Hawaiian or Pacific Islander		
White/Anglo		
Other		
Tota	ıl	100%
ETHNICITY		
Spanish/Hispanic/Latino		
Not Spanish/Hispanic/Latino		
Tota	ıl	100%
GENDER	#	%
Male Clients		
Female Clients		
Other Gendered Clients		
Tota	ıl	100%
# Single Parent Head of Household		
AGE	#	%
0-10		
11-17		
18-24		
25-59		
60 +		
Tota	ıl	100%
CLIENT RESIDENCY	#	%
City of Santa Fe Residents		
County of Santa Fe Residents *		
Clients Outside of Santa Fe County		
Tribal Reservation/Pueblo		
Incarcerated/Institutionalized		
Homeless/Unstably Housed		
Tota	ıl	100%

^{*} Number of County residents should include only those residents who live outside the City limits

5. INCOME VERIFICATION:

Please list the number and percentage of participants served whose yearly income falls within the stated federal poverty income guidelines:

INCOME LEVEL	#	%
Low/Moderate Income (50-80% of Median)		
Very Low Income (Below 50% of Median)		
Above Guideline (Above 80% of Median)		
Total		100%

FEDERAL POVERTY DEFINITIONS AND GUIDELINES

Low/Moderate Income:

A family's annual income that does not exceed 80% of the median income for the area for a family of four. In Santa Fe, the median income is \$\frac{\$62,400}{}\$. Eighty percent (80%) of the median is \$49,920.

Very Low Income:

A family's annual income that does not exceed 50% of the median income for the area for a family of four (4). For the City of Santa Fe, this figure is \$31,200.

Santa Fe, New Mexico:		IN	COME L	IMITS BY	FAMIL	Y SIZE 20)15	
	1	2	3	4	5	6	7	8
Low/Moderate Income	\$34,950	\$39,950	\$44,950	\$49,900	\$53,900	\$57,900	\$61,900	\$65,900
Very Low Income	\$21,850	\$25,000	\$28,100	\$31,200	\$33,700	\$36,200	\$38,700	\$41,200

6. QUESTIONNAIRE:

- Please list any fundraising and/or grants/proposals submitted or received by your program for the quarter.
- Please attach either a cash flow analysis or an income/expense sheet; attach any additional information, such as statistical data breakdowns, etc. you feel may be of importance. *The City's reporting system may not concur with every program's format for reporting; therefore, we recommend that each program complete the quarterly reports to the best of their ability and submit attachments with more appropriate or detailed information and statistics, if needed.*
- Please list any activities during the quarter (such as meetings) which assisted the coordination of service delivery with other agencies, or improved relationships among agencies. (Quantify if possible) Also, how have you used agency partnerships to accomplish the performance measure/outcome?
- List activities or other pertinent information of the program that should be made part of the records of the City of Santa Fe and Human Services such as major policy decisions of the Board of Directors, Changes in personnel or Board, etc.

•	• •	observed any special needs or received any requests for services from ich your program was unable to provide by way of service or referral?	
	Yes	□ No	
	If yes, ple	explain:	

• Describe program changes, challenges and concerns that have come up during this quarter.